
A BILL FOR AN ACT

RELATING TO INSURANCE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. Chapter 431, Hawaii Revised Statutes, is amended by adding a new section to part II of article 2 to be appropriately designated and to read as follows:

"§431:2- Trade name. (a) Prior to the use or change of a trade name to sell, solicit, or negotiate insurance in this State, the licensee shall register the trade name with the department of commerce and consumer affairs pursuant to part II of chapter 482.

(b) Upon registration of the trade name with the department of commerce and consumer affairs, the licensee may apply, on a form approved by the commissioner, to add or remove a trade name on a license. The applicant shall provide proof of registration of a trade name to the commissioner.

(c) If the commissioner finds the application for use or change of a trade name is substantially identical to another trade name registered with the department of commerce and consumer affairs, or substantially identical to a legal name or



1 trade name of a revoked license, the commissioner shall deny use
2 of the trade name on a license issued pursuant to this chapter.

3 (d) A licensee shall inform the commissioner, by any means
4 acceptable to the commissioner, of any change of status of a
5 trade name registered with the department of commerce and
6 consumer affairs within thirty days of the change."

7 SECTION 2. Chapter 431, Hawaii Revised Statutes, is
8 amended by adding two new sections to part I of article 10A to
9 be appropriately designated and to read as follows:

10 "§431:10A-A Required disclaimer. Any limited benefit
11 policy, certificate, application, or sales brochure that
12 provides coverage for accident and sickness, excluding specified
13 disease, long-term care, disability income, medicare supplement,
14 dental, or vision shall disclose in a conspicuous manner and in
15 not less than fourteen-point boldface type the following, or
16 substantially similar, statement:

17 "THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL
18 COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT
19 OF THE AFFORDABLE CARE ACT."

20 §431:10A-B Reimbursement to providers. (a) Coverage for
21 services required by this part shall include reimbursement to



1 health care providers who perform services required by this
2 part, or to the insured member, as appropriate.

3 (b) Notwithstanding any law to the contrary, whenever an
4 individual or group policy, contract, plan, or agreement
5 provides for reimbursement for any service, a health care
6 provider who performs a service shall be eligible for
7 reimbursement for the performed service.

8 (c) For purposes of this section, "health care provider"
9 means a provider of services, as defined in title 42 United
10 States Code section 1395x(u); a provider of medical and other
11 health services, as defined in title 42 United States Code
12 section 1395x(s); and a practitioner licensed by the State and
13 working within the practitioner's scope of practice."

14 SECTION 3. Chapter 431, Hawaii Revised Statutes, is
15 amended by adding a new section to part VI of article 10A to be
16 appropriately designated and to read as follows:

17 **"§431:10A-C Limited benefit health insurance.** (a) Except
18 as provided in subsection (b) or elsewhere in this article, when
19 used in this article, the terms "accident insurance", "health
20 insurance", or "sickness insurance" shall not include an
21 accident-only; specified disease; hospital indemnity; long-term



care; disability; dental; vision; medicare supplement; short-term, limited-duration health insurance; or other limited benefit health insurance contract that pays benefits directly to the insured or the insured's assigns and in which the amount of the benefit paid is not based upon the actual costs incurred by the insured.

(b) When used in sections 431:10A-104, 431:10A-105, 431:10A-106, 431:10A-107, 431:10A-108, 431:10A-109, 431:10A-110, 431:10A-111, 431:10A-112, 431:10A-113, 431:10A-114, 431:10A-117, 431:10A-118, 431:10A-201, 431:10A-202, 431:10A-203, 431:10A-204, 431:10A-205, 431:10A-208, 431:10A-601, 431:10A-602, 431:10A-603, and 431:10A-604, except as otherwise provided, the terms "accident insurance", "accident and health or sickness insurance", "health insurance", or "sickness insurance" shall include an accident-only; specified disease; hospital indemnity; long-term care; disability; dental; vision; medicare supplement; short-term, limited-duration health insurance; or other limited benefit health insurance contract regardless of the manner in which benefits are paid; provided that if any of the requirements in the foregoing sections as applied to long-term



1 care insurance conflict with article 10H, the provisions of
2 article 10H shall govern and control."

3 SECTION 4. Chapter 432, Hawaii Revised Statutes, is
4 amended by adding a new section to part VI of article 1 to be
5 appropriately designated and to read as follows:

6 "§432:1- Reimbursement to providers. (a) Coverage for
7 services required by this part shall include reimbursement to
8 health care providers who perform services required by this
9 article, or to the insured member, as appropriate.

10 (b) Notwithstanding any law to the contrary, whenever an
11 individual or group policy, contract, plan, or agreement that
12 provides health care coverage under this article provides for
13 reimbursement for any service, a health care provider who
14 performs a service shall be eligible for reimbursement for the
15 performed service.

16 (c) For purposes of this section, "health care provider"
17 has the same meaning as in section 431:10A-B(c)."

18 SECTION 5. Section 431:3-202, Hawaii Revised Statutes, is
19 amended to read as follows:

20 "§431:3-202 Insurer's name. (a) Every insurer shall
21 conduct its business in its own legal name.



1 (b) No insurer shall assume or use a name deceptively
2 similar to that of any other authorized insurer [~~nor which~~] or
3 a name that tends to deceive or mislead as to the type of
4 organization of the insurer.

5 (c) An insurer shall apply to the department of commerce
6 and consumer affairs and the commissioner for approval of the
7 use or change of a trade name pursuant to section 431:2- .

8 [~~(e)~~] (d) When a foreign or an alien insurer authorized to
9 do business in this State wants to change the name under which
10 its certificate of authority is issued, the insurer shall file a
11 request for name change with the commissioner at least thirty
12 days prior to the effective date of the name change. If within
13 the thirty-day period the commissioner finds the name change
14 request does not meet the requirements of this chapter or of the
15 corporation laws of this State, the commissioner shall send to
16 the insurer written notice of disapproval of the request
17 specifying in what respect the proposed name change fails to
18 meet the requirements of this chapter or the corporation laws of
19 this State and stating that the name change shall not become
20 effective."



SECTION 6. Section 431:5-307, Hawaii Revised Statutes, is amended by amending subsection (o) to read as follows:

"(o)(1) For policies issued on or after the operative date of the valuation manual, the standard prescribed in the valuation manual is the minimum standard of valuation required under subsection (b)(2), except as provided under paragraph (5) or (7) of this subsection;

(2) The operative date of the valuation manual is January 1 of the first calendar year following the first July 1 as of which all of the following have occurred:

(A) The valuation manual has been adopted by the National Association of Insurance Commissioners by an affirmative vote of at least forty-two members, or three-fourths of the members voting, whichever is greater;

(B) The Standard Valuation Law, as amended by the National Association of Insurance Commissioners in 2009, or legislation including substantially similar terms and provisions, has been enacted by states representing greater than seventy-five per



1 cent of the direct premiums written as reported
2 in the following annual statements submitted for
3 2008: life, accident and health annual
4 statements; health annual statements; or
5 fraternal annual statements; and

6 (C) The Standard Valuation Law, as amended by the
7 National Association of Insurance Commissioners
8 in 2009, or legislation including substantially
9 similar terms and provisions, has been enacted by
10 at least forty-two of the following fifty-five
11 jurisdictions: the fifty states of the United
12 States, American Samoa, the American Virgin
13 Islands, the District of Columbia, Guam, and
14 Puerto Rico;

15 (3) Unless a change in the valuation manual specifies a
16 later effective date, changes to the valuation manual
17 shall be effective on January 1 following the date
18 when ~~[all of the following have occurred:~~

19 ~~(A) The~~ the change to the valuation manual has been
20 adopted by the National Association of Insurance



Commissioners by an affirmative vote
representing:

~~[(i)]~~ (A) At least three-fourths of the members
of the National Association of Insurance
Commissioners voting, but not less than a
majority of the total membership; and

~~[(ii)]~~ (B) Members of the National Association of
Insurance Commissioners representing
jurisdictions totaling greater than seventy-five
per cent of the direct premiums written as
reported in the following annual statements most
recently available prior to the vote in [elause
~~(i)]~~ subparagraph (A): life, accident and
health annual statements; health annual
statements; or fraternal annual statements; [and

~~(B) The valuation manual becomes effective pursuant
to rules adopted by the commissioner;]~~

(4) The valuation manual shall specify all of the
following:

(A) Minimum valuation standards for and definitions
of the policies or contracts subject to



subsection (b) (2). These minimum valuation standards shall be:

(i) The commissioner's reserve valuation method for life insurance contracts, other than annuity contracts, subject to subsection (b) (2);

(ii) The commissioner's annuity reserve valuation method for annuity contracts subject to subsection (b) (2); and

(iii) Minimum reserves for all other policies or contracts subject to subsection (b) (2);

(B) Which policies or contracts or types of policies or contracts that are subject to the requirements of a principle-based valuation in subsection (p) (1) and the minimum valuation standards consistent with those requirements;

(C) For policies and contracts subject to a principle-based valuation under subsection (p):

(i) Requirements for the format of reports to the commissioner under subsection (p) (2) (C) that shall include information necessary to



determine if the valuation is appropriate
and in compliance with this section;

(ii) Assumptions shall be prescribed for risks
over which the company does not have
significant control or influence; and

(iii) Procedures for corporate governance and
oversight of the actuarial function, and a
process for appropriate waiver or
modification of such procedures;

(D) For policies not subject to a principle-based
valuation under subsection (p), the minimum
valuation standard shall either:

(i) Be consistent with the minimum standard of
valuation prior to the operative date of the
valuation manual; or

(ii) Develop reserves that quantify the benefits
and guarantees, and the funding, associated
with the contracts and their risks at a
level of conservatism that reflects
conditions that include unfavorable events



1 that have a reasonable probability of
2 occurring;

3 (E) Other requirements including but not limited to
4 those relating to reserve methods, models for
5 measuring risk, generation of economic scenarios,
6 assumptions, margins, use of company experience,
7 risk measurement, disclosure, certifications,
8 reports, actuarial opinions and memorandums,
9 transition rules, and internal controls; and

10 (F) The data and form of the data required under
11 subsection (q), with whom the data shall be
12 submitted, and may specify other requirements
13 including data analyses and reporting of
14 analyses;

15 (5) [~~In the absence of~~] Absent a specific valuation
16 requirement, or if a specific valuation requirement in
17 the valuation manual is not, in the opinion of the
18 commissioner, in compliance with this section, then
19 the company shall, with respect to these requirements,
20 comply with minimum valuation standards prescribed by
21 the commissioner by rule;



- 1 (6) The commissioner may engage a qualified actuary, at
2 the expense of the company, to perform an actuarial
3 examination of the company and opine on the
4 appropriateness of any reserve assumption or method
5 used by the company, or to review and opine on a
6 company's compliance with any requirement set forth in
7 this section. The commissioner may rely upon the
8 opinion[7] regarding provisions contained within this
9 section[7] of a qualified actuary engaged by the
10 commissioner of another state, district, or territory
11 of the United States. As used in this paragraph,
12 "engage" includes employment and contracting; and
- 13 (7) The commissioner may require a company to change any
14 assumption or method that, in the opinion of the
15 commissioner, is necessary to comply with the
16 requirements of the valuation manual or this section,
17 and the company shall adjust the reserves as required
18 by the commissioner. The commissioner may take other
19 disciplinary action as permitted pursuant to this
20 chapter."



1 SECTION 7. Section 431:6-101, Hawaii Revised Statutes, is
2 amended by amending the definition of "cash equivalents" to read
3 as follows:

4 "Cash equivalents" means highly-rated and highly-liquid
5 investments or securities with a remaining term of ninety days
6 or less and rated in the highest short-term category by a
7 nationally recognized statistical rating organization recognized
8 by the SVO. Cash equivalents include government money market
9 mutual funds [~~and class one money market mutual funds~~] defined
10 by the Purposes and Procedures Manual of the SVO, or its
11 successor publication."

12 SECTION 8. Chapter 431, article 6, Hawaii Revised
13 Statutes, is amended by amending the title of part VI to read as
14 follows:

15 "[-]PART VI. INVESTMENT POOLS[+]"

16 SECTION 9. Section 431:6-601, Hawaii Revised Statutes, is
17 amended by amending subsections (a) and (b) to read as follows:

18 "(a) For purposes of this section:

19 "Business entity" means a corporation, limited liability
20 company, association, partnership, joint stock company, joint



1 venture, mutual fund trust, or other similar form of business
2 organization, whether organized for-profit or not-for-profit.

3 ~~["Class one money market mutual funds" means a mutual fund~~
4 ~~that at all times qualifies for investment using the bond class~~
5 ~~one reserve factor under the Purposes and Procedures of the SVO~~
6 ~~or any successor publication.]~~

7 "Government money market mutual fund" means a money market
8 mutual fund that at all times:

9 (1) Invests only in obligations issued, guaranteed, or
10 insured by the government of the United States or
11 collateralized repurchase agreements composed of these
12 obligations; and

13 (2) Qualifies for investment without a reserve under the
14 Purposes and Procedures of the SVO or any successor
15 publication.

16 "Money market mutual fund" means a mutual fund that meets
17 the conditions of 17 Code of Federal Regulations part 270.2a-7,
18 under the Investment Company Act of 1940 (15 United States Code
19 section 80a-1 et seq.), as amended, or renumbered.

20 "Obligation" means a bond, note, debenture, trust
21 certificate, including equipment certificate, production



1 payment, negotiable bank certificate of deposit, bankers'
2 acceptance, credit tenant loan, loan secured by financing net
3 leases and other evidence of indebtedness for the payment of
4 money (or participation, certificates, or other evidence of an
5 interest in any of the foregoing), whether constituting a
6 general obligation of the issuer or payable only out of certain
7 revenues or certain funds pledged or otherwise dedicated for
8 payment.

9 "Qualified bank" means a national bank, state bank, or
10 trust company that at all times is no less than adequately
11 capitalized as determined by the standards adopted by the United
12 States banking regulators and that is either regulated by state
13 banking laws or is a member of the Federal Reserve System.

14 "Repurchase transaction" means a transaction in which an
15 insurer purchases securities from a business entity that is
16 obligated to repurchase the purchased securities or equivalent
17 securities from the insurer at a specified price, either within
18 a specified period of time or upon demand.

19 "Reverse repurchase transaction" means a transaction in
20 which an insurer sells securities to a business entity and is
21 obligated to repurchase the sold securities or equivalent



1 securities from the business entity at a specified price, either
2 within a specified period of time or upon demand.

3 "Securities lending transaction" means a transaction in
4 which securities are loaned by an insurer to a business entity
5 that is obligated to return the loans, securities, or equivalent
6 securities to the insurer, either within a specified period of
7 time or upon demand.

8 (b) An insurer may acquire investments in investment pools
9 that:

10 (1) Invest only in:

11 (A) Obligations that are rated 1 or 2 by the SVO or
12 have an equivalent of an SVO 1 or 2 rating (or,
13 in the absence of a 1 or 2 rating or equivalent
14 rating, the issuer has outstanding obligations
15 with an SVO 1 or 2 or equivalent rating) by a
16 nationally-recognized statistical rating
17 organization recognized by the SVO and have:

18 (i) A remaining maturity of three hundred
19 ninety-seven days or less or a put that
20 entitles the holder to receive the principal
21 amount of the obligation which put may be



1 exercised through maturity at specified
2 intervals not exceeding three hundred
3 ninety-seven days; or

4 (ii) A remaining maturity of three years or less
5 and a floating interest rate that resets no
6 less frequently than quarterly on the basis
7 of a current short-term index (federal
8 funds, prime rate, treasury bills, London
9 InterBank Offered Rate or commercial paper)
10 and is subject to no maximum limit, if the
11 obligations do not have an interest rate
12 that varies inversely to market interest
13 rate changes;

14 (B) Government money market mutual funds [~~or class~~
15 ~~one money market mutual funds~~]; or

16 (C) Securities lending, repurchase, and reverse
17 repurchase transactions that meet all the
18 requirements of section 431:6-318; or

19 (2) Invest only in investments which an insurer may
20 acquire under this article, if the insurer's
21 proportionate interest in the amount invested in these



1 investments does not exceed the applicable limits of
2 this article."

3 SECTION 10. Section 431:9-203, Hawaii Revised Statutes, is
4 amended to read as follows:

5 "**§431:9-203 General qualifications for license.** (a) For
6 the protection of the public, the commissioner shall not issue
7 or extend any license for an adjuster or independent bill
8 reviewer:

9 (1) Except as provided by this article; or

10 (2) To any individual less than eighteen years of age.

11 (b) An applicant for a license under this article shall
12 notify the commissioner of the applicant's legal name ~~[and trade~~
13 ~~name, if applicable. An applicant doing business under any name~~
14 ~~other than [the] applicant's legal name shall notify the~~
15 ~~commissioner prior to using the assumed name]~~.

16 (c) An applicant shall apply to the department of commerce
17 and consumer affairs and the commissioner for approval of the
18 use of a trade name pursuant to section 431:2- .

19 ~~[(e)]~~ (d) A licensee shall:



(1) Inform the commissioner by any means acceptable to the commissioner of any change of status within thirty days of the change; ~~[and]~~

(2) Report any change of status to the business registration division if the licensee is a business entity registered with the department of commerce and consumer affairs pursuant to title 23 or title 23A, or if the licensee has registered a trade name pursuant to part II of chapter 482 ~~[--]~~; and

(3) Apply to the department of commerce and consumer affairs and the commissioner for approval to change the status of a trade name pursuant to section 431:2- .

Failure to timely inform the commissioner or business registration division of a change of status shall result in a penalty pursuant to section 431:2-203.

~~[(d)]~~ (e) As used in this section, "change of status" includes but shall not be limited to change of legal name, assumed name, trade name, business address, home address, mailing address, business phone number, business fax number, business electronic mail address, business website address, or



1 home phone number. A licensee shall apply to the department of
2 commerce and consumer affairs and the commissioner for approval
3 to change the status of a trade name pursuant to section
4 431:2- ."

5 SECTION 11. Section 431:9A-102, Hawaii Revised Statutes,
6 is amended by adding two new definitions to be appropriately
7 inserted and to read as follows:

8 "Assumed name" means any fictitious, alias, maiden, or
9 trade name used in the past.

10 "Trade name" means any name used by an insurance producer
11 to solicit insurance business in this State if the applicant's
12 or licensee's true legal name of an individual or a business
13 entity cannot be used."

14 SECTION 12. Section 431:9A-110, Hawaii Revised Statutes,
15 is amended to read as follows:

16 **"§431:9A-110 Legal, trade, and assumed names. (a) Every**
17 **insurance producer doing business in this State shall notify the**
18 **commissioner in writing of the insurance producer's legal name**
19 **[and trade name, if applicable].**

20 (b) ~~[An insurance producer doing business under any name~~
21 ~~other than the producer's legal name shall notify the~~



~~commissioner in writing prior to using the assumed name.] An~~
insurance producer shall apply to the department of commerce and
consumer affairs and the commissioner for approval of the use or
change of a trade name pursuant to section 431:2- .

(c) An insurance producer doing business under any assumed
name in the past, other than the producer's legal name, shall
notify the commissioner in a form prescribed by the
commissioner."

SECTION 13. Section 431:9N-102, Hawaii Revised Statutes,
is amended to read as follows:

"§431:9N-102 License denial, nonrenewal, suspension, or
revocation[-]; trade name bar. In addition to the authority
granted by section 431:9A-112, the commissioner may deny, place
on probation, suspend, revoke, or refuse to issue or renew a
bail agent's license, may permanently retire or bar subsequent
use of a trade name, and may levy a civil fine or penalty in
accordance with articles 2 and 9A, or take any combination of
these actions, for any of the following causes:

- (1) Failure to satisfy, pay, or otherwise discharge a bail
forfeiture judgment after the bail agent's name is on



1 the board for more than forty-five consecutive days
2 for the same forfeiture;

3 (2) Failure to satisfy, pay, or otherwise discharge a
4 final, nonappealable bail forfeiture judgment within
5 sixty days following notice of entry of judgment;

6 (3) Failure to report, to preserve without use and retain
7 separately, or to return collateral received as
8 security on any bond to the principal or depositor of
9 the collateral;

10 (4) Failure to pay a final, nonappealable judgment award
11 for failure to return or repay collateral received to
12 secure a bond;

13 (5) Continuing execution of bail bonds in any court in
14 this State while on the board, where the bail
15 forfeiture judgment that resulted in placement on the
16 board has not been paid, stayed, vacated, exonerated,
17 or otherwise discharged; or

18 (6) Payment, directly or indirectly, of any commission,
19 service fee, brokerage, or other valuable
20 consideration to any person selling, soliciting, or
21 negotiating bail within this State unless, at the time



1 the services were performed, the person was duly
2 licensed for the performance of the services."

3 SECTION 14. Section 431:10-104, Hawaii Revised Statutes,
4 is amended to read as follows:

5 "**§431:10-104 General readability requirements.** In addition
6 to any other requirements of law, no contract shall be delivered
7 or issued for delivery in this State unless:

8 (1) The text is in plain language [~~, achieving~~] and
9 achieves a minimum score of forty on the Flesch
10 reading ease test or an equivalent score on any other
11 comparable test prescribed by the commissioner under
12 section 431:10-105(a);

13 (2) The contract is printed, except for specification
14 pages, schedules, and tables, in not less than ten-
15 point type [~~, one point leaded~~];

16 (3) The style, arrangement, and general appearance of the
17 contract give no undue prominence to any endorsements,
18 riders, or other portions of the text; and

19 (4) A table of contents or an index of principal sections
20 is provided with the contract when the text consists
21 of more than three thousand words printed on three or



1 less pages or when the text has more than three pages,
2 regardless of the total number of printed words[, and
3 ~~(5) For any short term health insurance policies that~~
4 ~~impose preexisting conditions provisions, any policy,~~
5 ~~application, or sales brochure shall disclose in a~~
6 ~~conspicuous manner in not less than fourteen point~~
7 ~~bold face type the following statement:~~

8 ~~"THIS POLICY EXCLUDES COVERAGE FOR CONDITIONS FOR~~
9 ~~WHICH MEDICAL ADVICE, DIAGNOSIS, CARE, OR TREATMENT~~
10 ~~WAS RECOMMENDED OR RECEIVED DURING THE [insert~~
11 ~~exclusion period] IMMEDIATELY PRECEDING THE EFFECTIVE~~
12 ~~DATE OF COVERAGE] ."~~

13 SECTION 15. Section 431:10A-116, Hawaii Revised Statutes,
14 is amended to read as follows:

15 **"§431:10A-116 Coverage for specific services.** Every
16 person insured under a policy of accident and health or sickness
17 insurance delivered or issued for delivery in this State shall
18 be entitled to the reimbursements and coverages specified below:

19 (1) Notwithstanding any provision to the contrary,
20 whenever a policy, contract, plan, or agreement
21 provides for reimbursement for any visual or



1 optometric service, which is within the lawful scope
2 of practice of a duly licensed optometrist, the person
3 entitled to benefits or the person performing the
4 services shall be entitled to reimbursement whether
5 the service is performed by a licensed physician or by
6 a licensed optometrist. Visual or optometric services
7 shall include eye or visual examination, or both, or a
8 correction of any visual or muscular anomaly, and the
9 supplying of ophthalmic materials, lenses, contact
10 lenses, spectacles, eyeglasses, and appurtenances
11 thereto;

12 (2) Notwithstanding any provision to the contrary, for all
13 policies, contracts, plans, or agreements issued on or
14 after May 30, 1974, whenever provision is made for
15 reimbursement or indemnity for any service related to
16 surgical or emergency procedures, which is within the
17 lawful scope of practice of any practitioner licensed
18 to practice medicine in this State, reimbursement or
19 indemnification under the policy, contract, plan, or
20 agreement shall not be denied when the services are



1 performed by a dentist acting within the lawful scope
2 of the dentist's license;

3 (3) Notwithstanding any provision to the contrary,
4 whenever the policy provides reimbursement or payment
5 for any service, which is within the lawful scope of
6 practice of a psychologist licensed in this State, the
7 person entitled to benefits or performing the service
8 shall be entitled to reimbursement or payment, whether
9 the service is performed by a licensed physician or
10 licensed psychologist;

11 (4) Notwithstanding any provision to the contrary, each
12 policy, contract, plan, or agreement issued on or
13 after February 1, 1991, except for policies that only
14 provide coverage for specified diseases or other
15 limited benefit coverage, but including policies
16 issued by companies subject to chapter 431, article
17 10A, part II and chapter 432, article 1 shall provide
18 coverage for screening by low-dose mammography for
19 occult breast cancer as follows:

20 (A) For women forty years of age and older, an annual
21 mammogram; and



1 (B) For a woman of any age with a history of breast
2 cancer or whose mother or sister has had a
3 history of breast cancer, a mammogram upon the
4 recommendation of the woman's physician.

5 The services provided in this paragraph are
6 subject to any coinsurance provisions that may be in
7 force in these policies, contracts, plans, or
8 agreements.

9 For the purpose of this paragraph, the term "low-
10 dose mammography" means the x-ray examination of the
11 breast using equipment dedicated specifically for
12 mammography, including but not limited to the x-ray
13 tube, filter, compression device, screens, films, and
14 cassettes, with an average radiation exposure delivery
15 of less than one rad mid-breast, with two views for
16 each breast. An insurer may provide the services
17 required by this paragraph through contracts with
18 providers; provided that the contract is determined to
19 be a cost-effective means of delivering the services
20 without sacrifice of quality and meets the approval of
21 the director of health; and



1 (5) (A) (i) Notwithstanding any provision to the
2 contrary, whenever a policy, contract, plan,
3 or agreement provides coverage for the
4 children of the insured, that coverage shall
5 also extend to the date of birth of any
6 newborn child to be adopted by the insured;
7 provided that the insured gives written
8 notice to the insurer of the insured's
9 intent to adopt the child prior to the
10 child's date of birth or within thirty days
11 after the child's birth or within the time
12 period required for enrollment of a natural
13 born child under the policy, contract, plan,
14 or agreement of the insured, whichever
15 period is longer; provided further that if
16 the adoption proceedings are not successful,
17 the insured shall reimburse the insurer for
18 any expenses paid for the child; and
19 (ii) Where notification has not been received by
20 the insurer prior to the child's birth or
21 within the specified period following the



1 child's birth, insurance coverage shall be
2 effective from the first day following the
3 insurer's receipt of legal notification of
4 the insured's ability to consent for
5 treatment of the infant for whom coverage is
6 sought; and

7 (B) When the insured is a member of a health
8 maintenance organization [~~(HMO)~~], coverage of an
9 adopted newborn is effective:

10 (i) From the date of birth of the adopted
11 newborn when the newborn is treated from
12 birth pursuant to a provider contract with
13 the health maintenance organization, and
14 written notice of enrollment in accord with
15 the health maintenance organization's usual
16 enrollment process is provided within thirty
17 days of the date the insured notifies the
18 health maintenance organization of the
19 insured's intent to adopt the infant for
20 whom coverage is sought; or



1 (ii) From the first day following receipt by the
2 health maintenance organization of written
3 notice of the insured's ability to consent
4 for treatment of the infant for whom
5 coverage is sought and enrollment of the
6 adopted newborn in accord with the health
7 maintenance organization's usual enrollment
8 process if the newborn has been treated from
9 birth by a provider not contracting or
10 affiliated with the health maintenance
11 organization[, and

12 ~~(6) Notwithstanding any provision to the contrary, any~~
13 ~~policy, contract, plan, or agreement issued or renewed~~
14 ~~in this State shall provide reimbursement for services~~
15 ~~provided by advanced practice registered nurses~~
16 ~~licensed pursuant to chapter 457. Services rendered~~
17 ~~by advanced practice registered nurses are subject to~~
18 ~~the same policy limitations generally applicable to~~
19 ~~health care providers within the policy, contract,~~
20 ~~plan, or agreement]."~~



SECTION 16. Section 431:10A-116.6, Hawaii Revised

Statutes, is amended to read as follows:

"§431:10A-116.6 Contraceptive services. (a)

Notwithstanding any provision of law to the contrary, each employer group accident and health or sickness policy, contract, plan, or agreement issued or renewed in this State on or after January 1, 2000, shall cease to exclude contraceptive services or supplies for the subscriber or any dependent of the subscriber who is covered by the policy, subject to the exclusion under section 431:10A-116.7 and the exclusion under section [~~431:10A-102.5.~~] 431:10A-C.

(b) Except as provided in subsection (c), all policies, contracts, plans, or agreements under subsection (a) [7] that provide contraceptive services or supplies[7] or prescription drug coverage[7] shall not exclude any prescription contraceptive supplies or impose any unusual copayment, charge, or waiting requirement for such supplies.

(c) Coverage for oral contraceptives shall include at least one brand from the monophasic, multiphasic, and the progestin-only categories. A member shall receive coverage for any other oral contraceptive only if:



1 (1) Use of brands covered has resulted in an adverse drug
2 reaction; or

3 (2) The member has not used the brands covered and, based
4 on the member's past medical history, the prescribing
5 health care provider believes that use of the brands
6 covered would result in an adverse reaction.

7 (d) Coverage required by this section shall include
8 reimbursement to a prescribing health care provider or
9 dispensing entity for prescription contraceptive supplies
10 intended to last for up to a twelve-month period for an insured.

11 ~~[(e) Coverage required by this section shall include~~
12 ~~reimbursement to a prescribing and dispensing pharmacist who~~
13 ~~prescribes and dispenses contraceptive supplies pursuant to~~
14 ~~section 461-11.6.~~

15 ~~{f)}~~ (e) For purposes of this section:

16 "Contraceptive services" means physician-delivered,
17 physician-supervised, physician assistant-delivered, advanced
18 practice registered nurse-delivered, nurse-delivered, or
19 pharmacist-delivered medical services intended to promote the
20 effective use of contraceptive supplies or devices to prevent
21 unwanted pregnancy.



1 "Contraceptive supplies" means all United States Food and
2 Drug Administration-approved contraceptive drugs or devices used
3 to prevent unwanted pregnancy.

4 [~~(g)~~] (f) Nothing in this section shall be construed to
5 extend the practice or privileges of any health care provider
6 beyond that provided in the laws governing the provider's
7 practice and privileges."

8 SECTION 17. Section 431:10A-118.3, Hawaii Revised
9 Statutes, is amended by amending subsection (e) to read as
10 follows:

11 "(e) As used in this section unless the context requires
12 otherwise:

13 "Actual gender identity" means a person's internal sense of
14 being male, female, a gender different from the gender assigned
15 at birth, a transgender person, or neither male nor female.

16 "Gender transition" means the process of a person changing
17 the person's outward appearance or sex characteristics to accord
18 with the person's actual gender identity.

19 "Perceived gender identity" means an observer's impression
20 of another person's actual gender identity or the observer's own
21 impression that the person is male, female, a gender different



1 from the gender [~~designed~~] assigned at birth, a transgender
2 person, or neither male nor female.

3 "Transgender person" means a person who has gender identity
4 disorder or gender dysphoria, has received health care services
5 related to gender transition, adopts the appearance or behavior
6 of the opposite sex, or otherwise identifies as a gender
7 different from the gender assigned to that person at birth."

8 SECTION 18. Section 431:14-104, Hawaii Revised Statutes,
9 is amended as follows:

10 1. By amending subsections (a) and (b) to read:

11 "(a) Every insurer shall file with the commissioner every
12 manual of classifications, rules, and rates, every rating plan,
13 every other rating rule, and every modification of any of the
14 foregoing that it proposes to use; provided that filings with
15 regard to specific inland marine risks, which by general custom
16 of the business are not written according to manual rate or
17 rating plans, and bail bonds, subject to section 804-62, shall
18 not be required pursuant to this subsection.

19 Every filing shall:

20 (1) State its proposed effective date;



(2) Indicate the character and extent of the coverage contemplated;

(3) Include a report on investment income; and

(4) Be accompanied by a \$50 fee [~~payable to the commissioner,~~] to be deposited in the commissioner's education and training fund.

(b) [~~For each~~] Each filing [~~an insurer~~] shall [~~submit~~] be submitted to the commissioner[+]

~~(1) An electronic copy of the filing; or~~

~~(2) Two printed copies of the filing.~~

~~The commissioner may also request a printed version of an electronic filing to be submitted pursuant to paragraph (1).]~~
via the National Association of Insurance Commissioners' System for Electronic Rates and Forms Filing or an equivalent service approved by the commissioner."

2. By amending subsection (k) to read:

"(k) The following rates shall become effective when filed:

(1) Specific inland marine [~~rates~~] rate filings on risks specially rated by a rating organization or an advisory organization;



(2) Any special filing with respect to a surety or guaranty bond required by law ~~[or by]~~, court or executive order, or ~~[by]~~ order or rule of a public body, not covered by a previous filing; and

(3) Any special filing with respect to any class of insurance, subdivision, or combination thereof that is subject to individual risk premium modification and has been agreed to by an insured under a formal or an informal bid process.

The filed rates shall be deemed ~~[to meet the requirements of this article until the time the commissioner reviews the filing and]~~ approved so long as the filing remains in effect."

SECTION 19. Section 431:14-104.5, Hawaii Revised Statutes, is amended to read as follows:

"§431:14-104.5 Loss cost filings. When required by the commissioner, the rating organization or advisory organization shall file for approval all prospective loss costs, ~~[and all]~~ supplementary rating information, and every change ~~[or]~~, amendment, or modification ~~[of any of the foregoing]~~ thereto proposed for use in this State. The filings shall be subject to ~~[section]~~ sections 431:14-104 ~~[and section]~~, 431:14-105, and



1 431:14-106 and other provisions of article 14 relating to
2 filings made by insurers."

3 SECTION 20. Section 431:14-105, Hawaii Revised Statutes,
4 is amended to read as follows:

5 "**§431:14-105 Policy revisions that alter coverage.** (a)

6 Any policy revisions that alter coverage in any manner shall be
7 filed with the commissioner and shall include an analysis of the
8 impact ~~[of]~~ each revision has on rates[-

9 ~~(b) A filing shall consist of either:~~

10 ~~(1) An electronic copy of the filing, or~~

11 ~~(2) Two printed copies of the filing.~~

12 ~~The commissioner may also request a printed version of an~~
13 ~~electronic filing to be submitted pursuant to paragraph (1).] or~~
14 loss costs.

15 ~~[-(e)]~~ (b) After review by the commissioner, the
16 commissioner shall determine whether a rate filing for the
17 policy revision must be submitted in accordance with section
18 431:14-104."

19 SECTION 21. Section 431:14-108, Hawaii Revised Statutes,
20 is amended to read as follows:



1 "**§431:14-108 Deviations.** (a) Except for those lines of
2 insurance for which the commissioner determines ~~[that]~~
3 individual rate filings shall be made, every member of or
4 subscriber to a rating organization shall adhere to the filings
5 the organization made on its behalf ~~[by the organization, except~~
6 ~~that];~~ provided that any insurer may ~~[make written application]~~
7 submit a rate filing to the commissioner to file a deviation
8 from the class rates, schedules, rating plans, or rules
9 respecting any class of insurance, ~~[or]~~ class of risk within a
10 class of insurance, or combination thereof. The ~~[application]~~
11 rate filing shall specify the basis for the deviation and shall
12 be accompanied by the data upon which the applicant relies. [A]
13 The filer shall simultaneously send a copy of the ~~[application]~~
14 deviation and data ~~[shall be sent simultaneously]~~ to the rating
15 organization.

16 ~~[(b) The commissioner shall set a time and place for a~~
17 ~~hearing at which the insurer and the rating organization may be~~
18 ~~heard, and shall give them not less than ten days' written~~
19 ~~notice thereof. In the event the commissioner is advised by the~~
20 ~~rating organization that it does not desire a hearing, the~~



1 ~~commissioner may, upon the consent of the applicant, waive the~~
2 ~~hearing.~~

3 ~~(e)]~~ (b) In considering the ~~[application to file a]~~
4 ~~deviation,~~ the commissioner shall ~~[give consideration to]~~
5 consider the available statistics and the principles for
6 ratemaking ~~[as provided]~~ in section 431:14-103. The
7 commissioner shall ~~[issue an order permitting]~~ approve the
8 filing of the deviation ~~[to be filed]~~ if the commissioner finds
9 that it ~~[to be]~~ is justified. The deviation shall become
10 effective upon ~~[issuance of]~~ the commissioner's ~~[order.]~~
11 approval of the proposed effective date of the filing. The
12 commissioner shall ~~[issue an order denying]~~ disapprove the
13 ~~[application]~~ rate filing if the commissioner finds ~~[that]~~ the
14 deviation is not justified or ~~[that]~~ the resulting premiums
15 would be excessive, inadequate, or unfairly discriminatory.
16 Each deviation ~~[permitted to be]~~ filed shall be effective for a
17 period of one year from the date of ~~[the order]~~ approval, unless
18 terminated sooner with ~~[the]~~ approval ~~[of]~~ by the commissioner."

19 SECTION 22. Section 431:14G-105, Hawaii Revised Statutes,
20 is amended by amending subsections (a) and (b) to read as
21 follows:



1 "(a) Every managed care plan shall file with the
2 commissioner every rate, charge, classification, schedule,
3 practice, or rule and every modification of any of the foregoing
4 that it proposes to use. Every filing shall:

5 (1) State its proposed effective date;

6 (2) Indicate the character and extent of the coverage
7 contemplated;

8 (3) Include a report on investment income; and

9 (4) Be accompanied by a \$50 fee [~~payable to the~~

10 ~~commissioner which shall~~] to be deposited in the

11 commissioner's education and training fund.

12 (b) [~~For each~~] Each filing [~~, an insurer~~] shall [~~submit~~] be
13 submitted to the commissioner[+]

14 ~~(1) An electronic copy of the filing; or~~

15 ~~(2) Two printed copies of the filing;~~

16 ~~provided that the commissioner may request an insurer that~~

17 ~~submits an electronic copy of the filing pursuant to paragraph~~

18 ~~(1) to also submit a printed copy of the electronic filing.]~~ via

19 the National Association of Insurance Commissioners' System for

20 Electronic Rates and Forms Filing or an equivalent service

21 approved by the commissioner."



SECTION 23. Section 431:19-103, Hawaii Revised Statutes,
is amended to read as follows:

"§431:19-103 Names of companies. (a) No captive
insurance company shall adopt a name that is the same,
deceptively similar, or likely to be confused with or mistaken
for any other existing business name registered in the State[
~~except that the commissioner may allow a branch captive
insurance company to be licensed in this State under a different
trade name if the normal name of the branch captive insurance
company is not available for use in this State].~~

(b) A captive insurance company shall apply to the
department of commerce and consumer affairs and the commissioner
for approval of the use or change of a trade name pursuant to
section 431:2- ."

SECTION 24. Section 431:19-115, Hawaii Revised Statutes,
is amended by amending subsections (a), (b), and (c) to read as
follows:

"(a) No insurance laws of this State, other than those
[~~contained~~] in this article, article 15, or [~~contained in~~
~~specific references contained~~] specifically referenced in this



1 section ~~[or]~~, article, or article 15, shall apply to captive
2 insurance companies.

3 (b) Sections 431:3-302 to 431:3-304.5, 431:3-307, 431:3-
4 401 to 431:3-409, 431:3-411, 431:3-412, and 431:3-414; articles
5 1, 2, 4A, 5, 6, 9A, 9B, 9C, 11, and 11A~~[, and 15]~~; and chapter
6 431K shall apply to risk retention captive insurance companies.

7 (c) Articles 1, 2, and 6~~[, and 15]~~ shall apply to class 5
8 companies."

9 SECTION 25. Section 431:26-103, Hawaii Revised Statutes,
10 is amended by amending subsection (e) to read as follows:

11 "(e) A health carrier shall meet the following access plan
12 requirements:

13 (1) Beginning on July 1, 2017, a health carrier shall file
14 with the commissioner for approval, prior to or at the
15 time it files a newly offered network plan, in a
16 manner and form defined by rule or order of the
17 commissioner, an access plan that meets the
18 requirements of this article;

19 (2) The health carrier may request the commissioner to
20 deem sections of the access plan as proprietary,
21 competitive, or trade secret information that shall



1 not be made public. Information is proprietary,
2 competitive, or a trade secret if disclosure of the
3 information would cause the health carrier's
4 competitors to obtain valuable business information.
5 The health carrier shall make the access plans, absent
6 proprietary, competitive, or trade secret information,
7 available online, at the health carrier's business
8 premises, and to any person upon request; and

9 (3) The health carrier shall prepare an access plan prior
10 to offering a new network plan and shall notify the
11 commissioner of any material change to any existing
12 network plan within fifteen business days after the
13 change occurs. The carrier shall include in the
14 notice to the commissioner a reasonable time frame
15 within which the carrier will submit to the
16 commissioner for approval or file with the
17 commissioner, as appropriate, an update to an existing
18 access plan."

19 SECTION 26. Section 431:26-104, Hawaii Revised Statutes,
20 is amended by amending subsection (f) to read as follows:



1 "(f) Selection standards shall be developed pursuant to
2 the following:

3 (1) Health carrier selection standards for selecting and
4 tiering, as applicable, participating providers shall
5 be developed for providers and each health care
6 professional specialty;

7 (2) The standards shall be used in determining the
8 selection of participating providers by the health
9 carrier and the intermediaries with which the health
10 carrier contracts. The standards shall meet
11 requirements relating to health care professional
12 credentialing verification developed by the
13 commissioner by order or through rules adopted
14 pursuant to chapter 91;

15 (3) Selection criteria shall not be established in a
16 manner:

17 (A) That would allow a health carrier to discriminate
18 against high risk populations by excluding
19 providers because the providers are located in
20 geographic areas that contain populations or
21 providers presenting a risk of higher than



1 average claims, losses, or health care services
2 utilization;

3 (B) That would exclude providers because the
4 providers treat or specialize in treating
5 populations presenting a risk of higher than
6 average claims, losses, or health care services
7 utilization; or

8 (C) That would discriminate with respect to
9 participation under the health benefit plan
10 against any provider who is acting within the
11 scope of the provider's license or certification
12 under applicable state law or regulations;
13 provided that this subparagraph shall not be
14 construed to require a health carrier to contract
15 with any provider who is willing to abide by the
16 terms and conditions for participation
17 established by the carrier;

18 (4) Notwithstanding paragraph (3), a carrier shall not be
19 prohibited from declining to select a provider who
20 fails to meet the other legitimate selection criteria



1 of the carrier developed in compliance with this
2 article; and

3 (5) This article does not require a health carrier, its
4 intermediaries, or the provider networks with which
5 the carrier and its intermediaries contract, to employ
6 specific providers acting within the scope of the
7 providers' license or certification under applicable
8 state law that may meet the selection criteria of the
9 carrier, or to contract with or retain more providers
10 acting within the scope of the providers' license or
11 certification under applicable state law than are
12 necessary to maintain a sufficient provider network."

13 SECTION 27. Section 431:30-112, Hawaii Revised Statutes,
14 is amended by amending subsection (d) to read as follows:

15 "(d) A compacting state may opt out of a uniform standard,
16 either by legislation or by rule adopted by the insurance
17 commissioner. If a compacting state elects to opt out of a
18 uniform standard by rule, it shall:

19 (1) Give written notice to the commission no later than
20 ten business days after the later of the adoption of



1 the uniform standard or the state becoming a
2 compacting state; and

3 (2) Find that the uniform standard does not provide
4 reasonable protections to the citizens of the state,
5 given the conditions in the state. The commissioner
6 shall make specific findings of fact and conclusions
7 of law, based on a preponderance of the evidence,
8 detailing the conditions in the state that warrant a
9 departure from the uniform standard and determining
10 that the uniform standard would not reasonably protect
11 the citizens of the state. The commissioner shall
12 consider and balance the following factors and find
13 that the conditions in the state and needs of the
14 citizens of the state outweigh:

15 (A) The intent of the legislature to participate in,
16 and reap the benefits of, an interstate agreement
17 to establish national uniform consumer
18 protections for the products subject to this
19 article; and



1 (B) The presumption that a uniform standard adopted
2 by the commission provides reasonable protections
3 to consumers of the relevant product.

4 Notwithstanding the foregoing, a compacting state may,
5 at the time of its enactment of this compact,
6 prospectively opt out of all uniform standards
7 involving long-term care insurance products by
8 expressly providing for such opt out in the enacted
9 compact, and such an opt out shall not be treated as a
10 material variance in the offer or acceptance of any
11 state to participate in this compact. An opt out
12 pursuant to this section shall be effective at the
13 time of enactment of this compact by the compacting
14 state and shall apply to all existing uniform
15 standards involving long-term care insurance products
16 and those subsequently adopted[; and

17 ~~(3) In accordance with the provisions of paragraph (2),~~
18 ~~this State does prospectively opt out of all uniform~~
19 ~~standards involving long-term care insurance products~~
20 ~~promulgated by the commission, as this State has~~
21 ~~previously enacted article 10H providing additional~~



~~standards for federal conformity and universal
availability for reciprocal beneficiary and multi-
generation populace which facilitates flexibility and
innovation in the development of long term care
insurance coverage]."~~

SECTION 28. Section 432:1-604.5, Hawaii Revised Statutes,
is amended to read as follows:

"§432:1-604.5 Contraceptive services. (a)

Notwithstanding any provision of law to the contrary, each
employer group health policy, contract, plan, or agreement
issued or renewed in this State on or after January 1, 2000,
shall cease to exclude contraceptive services or supplies, and
contraceptive prescription drug coverage for the subscriber or
any dependent of the subscriber who is covered by the policy,
subject to the exclusion under section 431:10A-116.7.

(b) Except as provided in subsection (c), all policies,
contracts, plans, or agreements under subsection (a), that
provide contraceptive services or supplies, or prescription drug
coverage, shall not exclude any prescription contraceptive
supplies or impose any unusual copayment, charge, or waiting
requirement for such drug or device.



1 (c) Coverage for contraceptives shall include at least one
2 brand from the monophasic, multiphasic, and the progestin-only
3 categories. A member shall receive coverage for any other oral
4 contraceptive only if:

5 (1) Use of brands covered has resulted in an adverse drug
6 reaction; or

7 (2) The member has not used the brands covered and, based
8 on the member's past medical history, the prescribing
9 health care provider believes that use of the brands
10 covered would result in an adverse reaction.

11 (d) Coverage required by this section shall include
12 reimbursement to a prescribing health care provider or
13 dispensing entity for prescription contraceptive supplies
14 intended to last for up to a twelve-month period for a member.

15 ~~[(e) Coverage required by this section shall include~~
16 ~~reimbursement to a prescribing and dispensing pharmacist who~~
17 ~~prescribes and dispenses contraceptive supplies pursuant to~~
18 ~~section 461-11.6.~~

19 ~~+(f)]~~ (e) For purposes of this section:

20 "Contraceptive services" means physician-delivered,
21 physician-supervised, physician assistant-delivered, advanced



1 practice registered nurse-delivered, nurse-delivered, or
2 pharmacist-delivered medical services intended to promote the
3 effective use of contraceptive supplies or devices to prevent
4 unwanted pregnancy.

5 "Contraceptive supplies" means all Food and Drug
6 Administration-approved contraceptive drugs or devices used to
7 prevent unwanted pregnancy.

8 [~~(g)~~] (f) Nothing in this section shall be construed to
9 extend the practice or privileges of any health care provider
10 beyond that provided in the laws governing the provider's
11 practice and privileges."

12 SECTION 29. Section 432:1-607.3, Hawaii Revised Statutes,
13 is amended by amending subsection (e) to read as follows:

14 "(e) As used in this section unless the context requires
15 otherwise:

16 "Actual gender identity" means a person's internal sense of
17 being male, female, a gender different from the gender assigned
18 at birth, a transgender person, or neither male nor female.

19 "Gender transition" means the process of a person changing
20 the person's outward appearance or sex characteristics to accord
21 with the person's actual gender identity.



1 "Perceived gender identity" means an observer's impression
2 of another person's actual gender identity or the observer's own
3 impression that the person is male, female, a gender different
4 from the gender [~~designed~~] assigned at birth, a transgender
5 person, or neither male nor female.

6 "Transgender person" means a person who has gender identity
7 disorder or gender dysphoria, has received health care services
8 related to gender transition, adopts the appearance or behavior
9 of the opposite sex, or otherwise identifies as a gender
10 different from the gender assigned to that person at birth."

11 SECTION 30. Section 432D-26.3, Hawaii Revised Statutes, is
12 amended by amending subsection (e) to read as follows:

13 "(e) As used in this section unless the context requires
14 otherwise:

15 "Actual gender identity" means a person's internal sense of
16 being male, female, a gender different from the gender assigned
17 at birth, a transgender person, or neither male nor female.

18 "Gender transition" means the process of a person changing
19 the person's outward appearance or sex characteristics to accord
20 with the person's actual gender identity.



1 "Perceived gender identity" means an observer's impression
2 of another person's actual gender identity or the observer's own
3 impression that the person is male, female, a gender different
4 from the gender [~~designed~~] assigned at birth, a transgender
5 person, or neither male nor female.

6 "Transgender person" means a person who has gender identity
7 disorder or gender dysphoria, has received health care services
8 related to gender transition, adopts the appearance or behavior
9 of the opposite sex, or otherwise identifies as a gender
10 different from the gender assigned to that person at birth."

11 SECTION 31. Section 431:10A-102.5, Hawaii Revised
12 Statutes, is repealed.

13 [~~"§431:10A-102.5 Limited benefit health insurance. (a)~~
14 ~~Except as provided in subsection (b) or elsewhere in this~~
15 ~~article, when used in this article, the terms "accident~~
16 ~~insurance", "health insurance", or "sickness insurance" shall~~
17 ~~not include an accident only, specified disease, hospital~~
18 ~~indemnity, long term care, disability, dental, vision, medicare~~
19 ~~supplement, short term, limited duration health insurance, or~~
20 ~~other limited benefit health insurance contract that pays~~
21 ~~benefits directly to the insured or the insured's assigns and in~~



1 ~~which the amount of the benefit paid is not based upon the~~
2 ~~actual costs incurred by the insured.~~

3 ~~(b) When used in sections 431:10A 104, 431:10A 105,~~
4 ~~431:10A 106, 431:10A 107, 431:10A 108, 431:10A 109, 431:10A 110,~~
5 ~~431:10A 111, 431:10A 112, 431:10A 113, 431:10A 114, 431:10A 117,~~
6 ~~431:10A 118, 431:10A 601, 431:10A 602, 431:10A 603, and~~
7 ~~431:10A 604, except as otherwise provided, the terms "accident~~
8 ~~insurance", "accident and health or sickness insurance", "health~~
9 ~~insurance", or "sickness insurance" shall include an accident-~~
10 ~~only, specified disease, hospital indemnity, long term care,~~
11 ~~disability, dental, vision, medicare supplement, short term,~~
12 ~~limited duration health insurance, or other limited benefit~~
13 ~~health insurance contract regardless of the manner in which~~
14 ~~benefits are paid; provided that if any of the requirements set~~
15 ~~forth in the foregoing sections as applied to long term care~~
16 ~~insurance conflict with the provisions of article 10H, the~~
17 ~~provisions of article 10H shall govern and control."]~~

18 SECTION 32. Section 432:1-611, Hawaii Revised Statutes, is
19 repealed.

20 ~~["§432:1-611 Reimbursement for services of advanced~~
21 ~~practice registered nurses. All individual and group hospital~~



1 ~~and medical service plan contracts and medical service~~
2 ~~corporation contracts under this article shall provide~~
3 ~~reimbursement for health plan covered services provided by~~
4 ~~advanced practice registered nurses licensed pursuant to chapter~~
5 ~~457-"]~~

6 SECTION 33. Sections 431:10A-132, 431:10A-134, 431:10A-
7 140, 431:26-102, 431S-1, 432:1-613, and 432:1-620, Hawaii
8 Revised Statutes, are amended by substituting the section number
9 431:10A-C, substituting the appropriate section number for the
10 letter used in designating the new section, pursuant to section
11 34 of this Act, wherever the section number 431:10A-102.5
12 appears.

13 SECTION 34. In codifying the new sections added by
14 sections 2 and 3 of this Act, the revisor of statutes shall
15 substitute appropriate section numbers for the letters used in
16 designating the new sections in this Act.

17 SECTION 35. Statutory material to be repealed is bracketed
18 and stricken. New statutory material is underscored.

19 SECTION 36. This Act shall take effect upon its approval.



Report Title:

Health Insurance; Trade Name; Assumed Name; Pre-existing
Disclosure; Providers; Reimbursements; Standard Valuation Model
Law; Captives; Network Adequacy Model Act; Health Carriers

Description:

Amends various portions of the Hawaii Insurance Code under title
24, Hawaii Revised Statutes, to update and improve existing
Insurance Code provisions. (SD1)

*The summary description of legislation appearing on this page is for informational purposes only and is
not legislation or evidence of legislative intent.*

